MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. APPLICANT(S) FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

•	AS FILED		AFTER 1° AMENDMENT		AFTER		LAIMS	AS F	TLED	AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP
$\frac{1}{2}$		 		 	ļ		51	Ĭ					
3	 	 	 	 	 -	 	52	<u></u>	- · · 2a				
4	 	<u> </u>	1	 		 	53						
5		·	T	 	ļ ———		55						
6						1	56						
7				1	. ,		57			. د مشد			
9			 	1		ļ	58						
10	 	 		1			59			·			
11		 					60						
12	 						61 62				;		
13	<u> </u>					 -	63						
14							64						
15							65						
16]						66						
17 18							67						
19							68	 _	i				
20							69 70						
21							70						
22							72						
23.							73		·				
24							74					.	
25 26							75						
27							76					<u> </u>	
28			· ·	٠.,			77 78						
29							79						
30							80						,0 .
31					[81						
32 ·· 33							82						
34							83						
35						i	84						
36						·	85 86						
37							87						
38							88				 		
39							89						
40 41							90						
42	 -						91						
43							92					<u> </u>	
44		;	~~~ -				93						
45							95		 				
46							96						
47							97						-
48		J		I			98						
49							99						
50 OTAL							100						
IND.		+	<u>a</u>]	#		#	TOTAL IND.		#		1	5	1
OTAL DEP.	,	(10	-		+	TOTAL DEP.		← 「		(=	· .	(=
OTAL LAIMS			12				TOTAL CLAIMS						
ro - 1360	(REV. 11/04)	· ·			!				I.S. DEPART				